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CONFIRMATION NO. 5005

<b>SERIAL NUMBER</b> 10/767,296	<b>FILING OR 371(c) DATE</b> 01/28/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/235,033 09/03/2002 PAT 6,723,120  
 which is a CON of 09/797,313 03/01/2001 ABN  
 which is a DIV of 08/837,993 04/15/1997 PAT 6,240,616

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 06/14/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

45159

**TITLE**

MEDICATED POROUS METAL PROSTHESIS AND A METHOD OF MAKING THE SAME

<b>FILING FEE RECEIVED</b> 2046	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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